PERMITTEE NAME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

ANCHORAGE AK 99503-3898

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY:

ADDRESS:

NAME:

JOHN M. ASPLUND WWTF---301 (H)

LOCATION: ANCHORAGE, AK 99502 ATTN:

MADE DEMO DE CENMOD MANAIL

MONITORING PERIOD 07 | 10 | 01 TO 07 | 10 | 31 FROM

*** NO DISCHARGE

ATTN: MARK PREMO P.E. GEN MGR. AWWU NOTE: Read instr							ructions before completing this form.				
PARAMETER		QUANTITY OR LOADING				NC		FREQUENCY OF	SAMPLE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	******	***	****	*****	15.4	(04)	N/A	FOUR/ WEEK	GRAB
00010 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	****	***	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	****** [j) _r	e C-eiv	區內	****	*****	15.0	(04)	N/A	WEEK	GRAB
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		NOV*****	7#*	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	****#	······································		0.9	****	****	(19)	N/A	WEEK	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	OFFICE O	U.S. 893 REGION TO F COMPLIANCE AND ENFO	RCEMENT	REPORT MO MIN	****	terete.	MG/L		FOUR/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	56053	*****	(26)	****	246	*****	(19)	N/A	FOUR/ WEEK	COMP24
00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	****	LBS/DY	****	REPORT MO AVG	*****	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	41845	(26)	*****	****	185	(19)	0	WEEK	COMP24
00310 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	90100 DAILY MX	LBS/DY	*****	****	300 DAILY MX	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	33400	37602	(26)	****	141	160	(19)	0	VVEEK /	COMP24
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	火火火火火	240 MO AVG	250 WKLY AVG	MG/L		FOUR/ WEEK	COMP 24
РН	SAMPLE MEASUREMENT	****	*****	****	6.7	******	7.9	(12)	N/A	FOUR/ WEEK	GRAB
00400 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMU <u>M</u>	SU		FOUR/ WEEK	GRAB
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS.								TELEPHONE		DATE	
Craig Woolard, P.E., Ph.D. IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT.											
Director, Treatment Division PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$1001 AND 33 U.S.C. \$1319. (Penalties under these statutes may include fines up to							(907)564-2799			07/11/09	
TYPED OR PRINTED \$10,000 and or maximum imprisonment of between 6 months and 5 years.) OFFICER OR AUTHORIZED AGENT							AREA CODE NUMBER		YEAR MO DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1) Effluent BOD results for 10/8 & 9/07 invalid due to lab error. The final effluent autosampler is normally taken off line on Saturdays, Mondays, and Wednesdays for line cleaning for approximately 1.5 hours each time; the composite samples for BODs, TSS, etc. are therefore slightly less than a 24HC on these days.

Forms by WindowChem(707)864-0845;p/n11090;v5.01;4/1/96. Rev. 1/05, BN

PAGE 1 OF 3

PERMITTEE NAME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD. **ANCHORAGE**

AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 001 A PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 02) `F - FINAL

FACILITY:

ADDRESS:

NAME:

ATTN:

JOHN M. ASPLUND WWTF---301 (H)

LOCATION: ANCHORAGE, AK 99502

MARK PREMÓ P E GEN MGR AWWIL

MONITORING PERIOD 07 | 10 | 01 07 | 10 | 31 FROM TO

*** NO DISCHARGE

NOTE: Pond instructions before completing this form

ATTN: MARK PREMOP	'.E. GEN MGR.	AWWU					NOTE: Read instr	uctions befo	re com	ipleting this:	form.
PARAMETER		QUANTITY OR LOADING					NO.	FREQUENCY OF	SAMPLE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE
PH	SAMPLE MEASUREMENT	****	*****	****	6.6	****	7.4	(12)	0	FOUR/ WEEK	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	••••	******	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		FOUR/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	55108	****	(26)	****	240	****	(19)	N/A	WEEK	COMP24
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DAY	*****	REPÓRT MO AVG	****	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	****	18031	(26)	****	*****	73	(19)	0	FOUR/ WEEK	COMP24
00530 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	13498	17456	(26)	*****	57	66	(19)	0	WEEK	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LBS/DAY	****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/ WEEK	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	****	****	19.0	*****	(19)	N/A	MONTH	COMP24
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L	N/A	ONCE/ MONTH	COMP24
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	*****	D)-E-C		<u> </u>	3	*****	(30)	0	THREE/ WEEK	GRAB
31615 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	1 VOV:	6 2007		850 MO GEO	*****	MPN/ 100ML		THREE/ WEEK	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	28.610	*****	(03)		*****	*****	****	N/A	CONTIN UOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	OFFICE OF COMPLIAN	EGION 10 E AND ENFOR MGD	DEMENT *****	*****	****	***		CONTIN UOUS	RCORDR
1 CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS							TELEPHONE		DA	DATE	
Craig Woolard, P.E., Ph.D. IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT.											
Director, Treatment Division PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND MEMORY OF FINE							(907)564-2799		07/11/09		
TYPED OR PRINTED \$10,000 and or maximum imprisonment of between 6 months and 5 years.) OFFICER OR AUTHORIZED AGENT							AREA CODE NUMBER		YEAR MO DAY		

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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

10/15/07 influent composite only represented 16 hrs due to malfunctioning liquid detection unit in controller. 10/25/07 influent composite for BOD and TSS covered 21.5 hrs sampler shut down at 3:30 am due to flow signal/programming glitch. Unit has been fixed.

PERMITTEE NAME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME:

ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

ANCHORAGE AK 99503

AK0022551 PERMIT NUMBER 001 A
DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY:

JOHN M. ASPLUND WWTF-301 (H)

MONITORING PERIOD

OM 07 | 10 | 01 | TO | 07 | 10 | 31

*** NO DISCHARGE LOCATION: ANCHORAGE, AK 99502 FROM ATTN: MARK PREMO P.E. GEN MGR. AWWU NOTE: Read instructions before completing this form. QUANTITY OR LOADING QUANTITY OR CONCENTRATION FREQUENCY NO SAMPLE PARAMETER EX TYPE ANALYSIS AVERAGE MAXIMUM LINIT MAXIMUM UNITS MINIMUM **AVERAGE** CHLORINE. TOTAL SAMPLE **FVFRY** -***** GRAB 0.6 (19)MEASUREMENT 3 HRS RESIDUAL PERMIT 12 EVERY 50060 1 0 0 ***** GRAB REQUIREMENT -***** MG/L 4 HRS **** DAILY MX EFFLUENT GROSS VALUE BOD. 5-DAY SAMPLE ONCE/ ***** ***** N/A ---------++++ 43 (23)CALCTD MEASUREMENT MONTH PERCENT REMOVAL REPORT PERMIT PER-ONCE/ 181010 K 0 0 **** ***** NΑ CALCTD REQUIREMENT ***** CENT MO AVG MONTH *** PERCENT REMOVAL ONCE/ SAMPLE SOLIDS, SUSPENDED ***** ***** 76 -----N/A CALCTD **** (23)MEASUREMENT MONTH PERCENT REMOVAL REPORT PER-81011 K 0 0 PERMIT ONCE/ ***** **** Ν/A CALCTD REQUIREMENT 44444 *** CENT MONTH MO AVG PERCENT REMOVAL TELEPHONE NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH DATE THE INFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS Craig Woolard, P.E., Ph.D. IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT-**Director, Treatment Division** PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND GNATURE OF PRINCIPAL EXECUTIVE 07/11/09 (907)564-2799 IMPRISONMENT. SEE 18 U.S.C. \$1001 AND 33 U.S.C. \$1319. (Penalties under these statutes may include fines up to OFFICER OR AUTHORIZED AGENT \$10,000 and or maximum imprisonment of between 6 months and 5 years.) TYPED OR PRINTED AREA CODE NUMBER YEAR MO DAY Forms by WindowChem(707)864-0845;p/n11090;v5.01;4/1/96. Rev. 1/05, BN COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)